COMECOMECOMMONWEAITH OF Massachusetts Employees Charitable Campaign

, , ,		contributors as whole or partial consideration of any g	it.
Name:	Employee ID Number:		
Dept ID:	COMECC Region (I to V):		
Maildrop:	Work email address:		
Work phone:			
		One-time Donation	
2014 Typhoon Haiyan Relief Fund		Donation Amount □\$150 □\$100 □\$75 □\$50 □\$25 □\$15 □Other \$	
		☐ One-time donation via cash/check:	
		Direct one-time gift of \$	
		Please make check payable to COMECC.	
THANK YOU FOR YOUR CONTRIBUTION!		☐ Credit card MasterCard or Visa only	
		Please pledge online at www.comecc.net.	
Employee Signature		Date	
Please Designate Recipient(s) of Your		rity Name Annual Amount	
The charity receives the collective donated amount from COMECC as "Donations from Commonwealth of		norization to release name, amount, mailing address:	
		et Apt #	

If you wish your name, home address and donation City amount to be shared with the designated charity(s) please State Zip complete information box to the right.